

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028810

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 196 Primary Registration District No. 3026 Registrar's No. 353

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 30 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		c. CITY OR TOWN Independence	
Length of stay in 1b 33 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 609 E. College		d. STREET ADDRESS (If outside, give location) 609 E. College	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MRS. ROSE		4. DATE OF DEATH Month July Day 14 Year 1963	
First ROSE Middle -- Last BOWLING			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 18, 1887
9. AGE (last birthday) 75		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Prantl		13b. MOTHER'S MAIDEN NAME Katherine Tokar	
14. NAME OF HUSBAND OR WIFE Clyde Bowling, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Anna Casey		Address 609 E. College, Indep., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion A Arterio Sclerotic Heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [REDACTED] DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Independence, Missouri	
21. I attended the deceased from 1950 to 7-14-63 and last saw her alive on 7-11-63 Death occurred at Found dead A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Shed J. Zimmerman (Degree or title)		22b. ADDRESS Independence, Mo	
22c. DATE SIGNED 7/15/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 16, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
23d. LOCATION (City, town, or county) Independence, Missouri			
24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 7-16-63	
26. REGISTRAR'S SIGNATURE Alta L. Craig			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3156

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

7-16-63